

Section 5 — TOPICAL MODULES

Part A — WORK DISABILITY HISTORY

CHECK ITEM T1	Refer to cc item 24. What is ...'s age?	8300	1 <input type="checkbox"/> 15 years old — SKIP to Statement D, page 56 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older — SKIP to Statement D, page 56
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STATEMENT C → **Now I want to talk about any health or physical condition ... may have that affected ...'s ability to work.**

CHECK ITEM T2	Is "Disabled" (code 171) marked on the ISS for ...?	8302	1 <input type="checkbox"/> Yes — SKIP to 1a 2 <input type="checkbox"/> No
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CHECK ITEM T3	Refer to cc, item 47. Is "Disabled" (code 171) marked on the control card for ...?	8304	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1b
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1a.	We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	8306	1 <input type="checkbox"/> Yes — SKIP to 1c 2 <input type="checkbox"/> No — SKIP to Statement D, page 56
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b.	Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do?	8308	1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Statement D, page 56
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c.	When did ... become limited in the kind or amount of work that ... could do at a job?	8310	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Month</div> <div style="margin-left: 20px;">x1 <input type="checkbox"/> Don't know</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">1 9</div> <div>Year</div> <div style="margin-left: 20px;">x1 <input type="checkbox"/> Don't know</div> </div> <p style="text-align: center;">OR</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 10px;">x3</div> <div style="border: 1px solid black; padding: 2px;">8314</div> <div>Person was limited before person became of working age — SKIP to 2a</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="width: 10px;">x5</div> <div style="border: 1px solid black; padding: 2px;">8316</div> <div>Person became limited after retiring — SKIP to Statement D, page 56</div> </div>
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d.	Was ... employed at the time ...'s work limitation began?	8316	1 <input type="checkbox"/> Yes — SKIP to 2a 2 <input type="checkbox"/> No
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e.	When was the last time ... worked before ...'s work limitation began?	8318	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Month</div> <div style="margin-left: 20px;">x1 <input type="checkbox"/> Don't know</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">1 9</div> <div>Year</div> <div style="margin-left: 20px;">x1 <input type="checkbox"/> Don't know</div> </div> <p style="text-align: center;">OR</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 10px;">x3</div> <div style="border: 1px solid black; padding: 2px;">8322</div> <div>Had never been employed before work limitation began</div> </div>
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2a.	ASK OR VERIFY — (SHOW FLASHCARD EE) What health condition is the main reason for ...'s work limitation?	8324	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Code</div> <div style="margin-left: 20px;">Name of health condition</div> </div>
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b.	ASK OR VERIFY — Was this condition caused by an accident or injury?	8326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T4
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c.	Where did the accident or injury take place — was it (Read categories) — Mark (X) only one.	8328	1 <input type="checkbox"/> On the job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In the home? 4 <input type="checkbox"/> Somewhere else?
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CHECK ITEM T4	Is "Worked" (code 170) marked on the ISS?	8330	1 <input type="checkbox"/> Yes — SKIP to Check Item T5 2 <input type="checkbox"/> No
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3a.	Does ...'s health or condition prevent ... from working at a job or business?	8332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4a
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b.	When did ... become unable to work at a job?	8334	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Month</div> <div style="margin-left: 20px;">x1 <input type="checkbox"/> Don't know</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">1 9</div> <div>Year</div> <div style="margin-left: 20px;">x1 <input type="checkbox"/> Don't know</div> </div> <p style="text-align: center;">OR</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 10px;">x3</div> <div style="border: 1px solid black; padding: 2px;">8338</div> <div>Has never been able to work at a job — SKIP to Statement D, page 56</div> </div>
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Section 5 — TOPICAL MODULES (Continued)**Part A — WORK DISABILITY HISTORY (Continued)****Check
ITEM T5**

Refer to item 8a, page 4.

Did ... usually work 35 or more hours per week during the reference period?

8340

- 1 ☐ Yes — *SKIP to 4b*
2 ☐ No

4a. Is ... now able to work at a full-time job or is ... only able to work part-time?**8342**

- 1 ☐ Full-time
2 ☐ Part-time
3 ☐ Not able to work — *SKIP to Statement D, page 56*

b. Is ... now able to work regularly or is ... only able to work occasionally or irregularly?**8344**

- 1 ☐ Regularly
2 ☐ Only occasionally or irregularly
3 ☐ Not able to work — *SKIP to Statement D, page 56*

c. Is ... now able to do the same kind of work ... did before ...'s work limitation began?**8346**

- 1 ☐ Yes, able to do same kind of work
2 ☐ No, not able to do same kind of work
3 ☐ Did not work before limitation began

NOTES

TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)

Part B — EDUCATION AND TRAINING HISTORY

STATEMENT D

Now I would like to ask you a few questions about . . . 's education and any work training . . . may have received.

CHECK ITEM T6

Refer to cc items 31b and 31c.

Has . . . completed the 12th grade?

8400

1 ☐ No, has not completed 12th grade

2 ☐ Yes, has completed 12th grade — SKIP to item 3a

1. When did . . . last attend elementary or high school?

8402

Month

x1 ☐ Don't know

8404

Year

x1 ☐ Don't know

8406

1 ☐ Currently attending — SKIP to Check Item T10, page 59

2 ☐ Never attended

2. Has . . . received a high school diploma? (Include GED's.)

8408

1 ☐ Yes

2 ☐ No — SKIP to Check Item T9

3a. When did . . . receive a high school diploma?

8410

Month

x1 ☐ Don't know

8412

Year

x1 ☐ Don't know

b. Was the high school that . . . attended public; private, church-related; or private, not church-related?

8414

1 ☐ Public

2 ☐ Private, church-related

3 ☐ Private, not church-related

4 ☐ Did not attend high school

x1 ☐ DK

CHECK ITEM T7

Refer to cc item 31b.

Was . . . 's highest grade attended at least one year of college? (Codes 21–26 in cc item 31b)

8416

1 ☐ Yes

2 ☐ No — SKIP to Check Item T9

4a. When did . . . first attend college, a university, or a technical, business, or vocational school beyond high school?

8418

Month

x1 ☐ Don't know

8420

Year

x1 ☐ Don't know

b. What is the highest degree beyond a high school diploma that . . . has earned?

8422

1 ☐ PhD or equivalent

2 ☐ Professional degree such as Dentistry, Medicine, Law, or Theology

3 ☐ Master's degree

4 ☐ Bachelor's degree

5 ☐ Associate degree

6 ☐ Vocational, technical, or business certificate or diploma

7 ☐ Has not earned a degree } SKIP to 4f

x1 ☐ DK

c. When did . . . receive that degree?

8424

Month

x1 ☐ Don't know

8426

Year

x1 ☐ Don't know

(SHOW FLASHCARD FF)

d. In what field of study did . . . receive that degree?

8428

x1 ☐ Don't know

CHECK ITEM T8

Refer to item 4b above.

Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 4b.)

8430

1 ☐ Yes

2 ☐ No — SKIP to Check Item T9

4e. When did . . . receive his/her Bachelor's degree?

8432

Month

x1 ☐ Don't know

8434

Year

x1 ☐ Don't know

(SHOW FLASHCARD FF)

f. In what field of study were the courses that . . . took at college or university?

8436

x1 ☐ Don't know

g. When was the last time that . . . was a student at a college or university?

8438

Month

x1 ☐ Don't know

8440

Year

x1 ☐ Don't know

OR

8442

1 ☐ Is still a student

Section 5 — TOPICAL MODULES (Continued)

Part B — EDUCATION AND TRAINING HISTORY (Continued)

CHECK ITEM T9	<p>Refer to cc item 24. Is . . . 65 years of age or older?</p>	<p>8444 1 <input type="checkbox"/> Yes — SKIP to Check Item T10, page 59 2 <input type="checkbox"/> No</p>
5a.	<p>Has . . . ever received training designed to help find a job, improve job skills or learn a new job?</p>	<p>8446 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T10, page 59</p>
b.	<p>Was any of this training sponsored by any of the following programs (Read categories)? Mark (X) all that apply.</p>	<p>8448 1 <input type="checkbox"/> Job Training Partnership Act (JTPA) or Comprehensive Employment Training Act (CETA) 8450 2 <input type="checkbox"/> Job Opportunities and Basic Skills (JOBS) or Work Incentive Program (WIN) 8452 3 <input type="checkbox"/> Food Stamps Work Program 8454 4 <input type="checkbox"/> Other program sponsored by the Welfare Program or AFDC 8456 5 <input type="checkbox"/> Veterans' Training Programs 8458 6 <input type="checkbox"/> No</p>
c.	<p>What type of training program is (was) this? Mark (X) all that apply.</p>	<p>8460 1 <input type="checkbox"/> Classroom training—job skills 8462 2 <input type="checkbox"/> Classroom training—basic education 8464 3 <input type="checkbox"/> On-the-job training 8466 4 <input type="checkbox"/> Job search assistance 8468 5 <input type="checkbox"/> Work experience 8470 6 <input type="checkbox"/> Other</p>
d.	<p>Where did . . . receive this training? Mark (X) all that apply.</p>	<p>8472 1 <input type="checkbox"/> Apprenticeship program 8474 2 <input type="checkbox"/> Business, commercial, or vocational school 8476 3 <input type="checkbox"/> Junior or community college 8478 4 <input type="checkbox"/> Program completed at a 4 year college or graduate school 8480 5 <input type="checkbox"/> High school vocational program 8482 6 <input type="checkbox"/> Training program at work 8484 7 <input type="checkbox"/> Military (exclude basic training) 8486 8 <input type="checkbox"/> Correspondence course 8488 9 <input type="checkbox"/> Training or experience received on previous job 8490 10 <input type="checkbox"/> Sheltered workshop 8492 11 <input type="checkbox"/> Vocational rehabilitation centers 8494 12 <input type="checkbox"/> Other</p>
e.	<p>Does . . . use this training on . . . 's (most recent) job?</p>	<p>8496 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
f.	<p>When did . . . start this (most recent) training? (If more than one training occurred, ask about the most recent one.)</p>	<p>8498 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8500 1 <input type="text"/> 9 <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
g.	<p>For how many weeks did . . . attend this (most recent) training program?</p>	<p>8502 <input type="text"/> <input type="text"/> <input type="text"/> Weeks 8504 x3 <input type="checkbox"/> Currently attending x4 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> Don't know</p>
h.	<p>Who paid for this (most recent) program? Mark (X) all that apply.</p>	<p>8506 1 <input type="checkbox"/> Self or family 8508 2 <input type="checkbox"/> Employer 8510 3 <input type="checkbox"/> Federal, State, or local government 8512 4 <input type="checkbox"/> Someone else</p>
GO to Check Item T10, page 59		
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Section 5 — TOPICAL MODULES (Continued)

Part C — MARITAL HISTORY

CHECK ITEM T10	Refer to cc item 26a.	8600	1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married — SKIP to Statement F, page 61
What is . . . 's current marital status?			

STATEMENT E → Now I have a few questions about . . . 's marital history.

1.	How many times has . . . been married?	8602	1 <input type="checkbox"/> 1 — SKIP to Check Item T14, page 60 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 +
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2a.	In what month and year did . . . get married for the first time?	8604	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8606 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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b.	Did . . . 's first marriage end in widowhood or in divorce?	8608	1 <input type="checkbox"/> Widowhood 2 <input type="checkbox"/> Divorce
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c.	In what month and year was . . . (widowed/divorced)?	8610	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8612 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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CHECK ITEM T11	Refer to item 2b above. Is "Widowhood" marked in item 2b?	8614	1 <input type="checkbox"/> Yes — SKIP to Check Item T12 2 <input type="checkbox"/> No
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2d.	In what month and year did . . . actually stop living with . . . 's spouse?	8616	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8618 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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CHECK ITEM T12	Refer to item 1 above. How many times has . . . been married?	8620	1 <input type="checkbox"/> 2 — SKIP to Check Item T14, page 60 2 <input type="checkbox"/> 3 +
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3a.	In what month and year did . . . get married for the second time?	8622	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8624 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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b.	Did . . . 's second marriage end in widowhood or in divorce?	8626	1 <input type="checkbox"/> Widowhood 2 <input type="checkbox"/> Divorce
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c.	In what month and year was . . . (widowed/divorced)?	8628	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8630 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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CHECK ITEM T13	Refer to item 3b above. Is "Widowhood" marked?	8632	1 <input type="checkbox"/> Yes — SKIP to Check Item T14, page 60 2 <input type="checkbox"/> No
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3d.	In what month and year did . . . actually stop living with . . . 's second spouse?	8634	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8636 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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NOTES

Section 5 — TOPICAL MODULES (Continued)

Part C — MARITAL HISTORY (Continued)

CHECK ITEM T14	Has a Wave 2 interview been obtained for ...'s spouse?	8638	<input type="checkbox"/> Yes — <i>SKIP to Statement F</i> <input type="checkbox"/> No <input type="checkbox"/> No, no spouse in household
4a. In what month and year did ... get married (most recently)?		8640	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Month</div> </div> <div style="margin-left: 100px;">x1 <input type="checkbox"/> Don't know</div>
		8642	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">9</div> <div>Year</div> </div> <div style="margin-left: 10px;">x1 <input type="checkbox"/> Don't know</div>
CHECK ITEM T15	Refer to Check Item T10. What is ...'s current marital status?	8644	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Married, spouse present <input type="checkbox"/> Married, spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated — <i>SKIP to item 4c</i> </div> <div style="font-size: 2em; line-height: 1;">}</div> <div style="margin-left: 10px; vertical-align: middle;"><i>SKIP to Statement F</i></div> </div>
4b. In what month and year was ... (widowed/divorced)?		8646	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Month</div> </div> <div style="margin-left: 100px;">x1 <input type="checkbox"/> Don't know</div>
		8648	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">9</div> <div>Year</div> </div> <div style="margin-left: 10px;">x1 <input type="checkbox"/> Don't know</div>
CHECK ITEM T16	Refer to Check Item T15. Is "Widowed" marked?	8650	<input type="checkbox"/> Yes — <i>SKIP to Statement F</i> <input type="checkbox"/> No
4c. When did ... actually stop living with ...'s (most recent) spouse?		8652	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Month</div> </div> <div style="margin-left: 100px;">x1 <input type="checkbox"/> Don't know</div>
		8654	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">9</div> <div>Year</div> </div> <div style="margin-left: 10px;">x1 <input type="checkbox"/> Don't know</div>

GO to Statement F

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part D — MIGRATION HISTORY

STATEMENT F

Now I have some questions about places where . . . has lived in the past, and where . . . was born.

1. When did . . . move into this home/apartment/mobile home?	8700 <input type="text"/> <input type="text"/> Month <input type="checkbox"/> Don't know 8702 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> Don't know <input type="checkbox"/> Always lived here — SKIP to Check Item T18, page 62
2. Before living here, where did . . . live? <i>(Refer to Flashcard GG for State or country code.)</i>	8704 <input type="checkbox"/> Same state, same county <input type="checkbox"/> Same state, different county <input type="checkbox"/> Different State — Specify code 8706 <input type="text"/> <input type="text"/> <input type="checkbox"/> DK } SKIP to item 6 <input type="checkbox"/> Different country — Specify code 8708 <input type="text"/> <input type="text"/> <input type="checkbox"/> DK
3. During what period of time did . . . live there?	8709 <input type="checkbox"/> Lived there since birth — SKIP to Check Item T18, page 62 FROM 8710 <input type="text"/> <input type="text"/> Month <input type="checkbox"/> Don't know 8712 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> Don't know TO 8714 <input type="text"/> <input type="text"/> Month <input type="checkbox"/> Don't know 8716 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> Don't know
4. Has . . . ever lived in another State or foreign country?	8718 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to item 7
5. What State or foreign country was that? <i>(If more than one, ask for most recent.)</i> <i>(Enter code from Flashcard GG.)</i>	Specify code 8720 <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know
6. During what period of time did . . . live there?	FROM 8722 <input type="text"/> <input type="text"/> Month <input type="checkbox"/> Don't know 8724 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> Don't know TO 8726 <input type="text"/> <input type="text"/> Month <input type="checkbox"/> Don't know 8728 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> Don't know
7. In what State or foreign country was . . . born? <i>(Enter code from Flashcard GG.)</i>	Specify code 8730 <input type="text"/> <input type="text"/>
CHECK ITEM T17 Refer to item 7 above. Does the code in item 7 equal a foreign country code of 62–92 or 99?	8732 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T18, page 62
8. Is . . . a naturalized citizen of the United States?	8734 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, born abroad of American parent or parents — SKIP to Check Item T18, page 62
9. When did . . . come to the United States to stay?	8736 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Before 1901

Section 5 — TOPICAL MODULES (Continued)

Part E — FERTILITY HISTORY

CHECK ITEM T18

Refer to cc items 24 and 28.
What is ...'s age and sex?

8750

- 1 ☐ Female — Read Statement G and then SKIP to item 2a
2 ☐ Male, 18+ years old
3 ☐ Male, 15–17 years old — SKIP to
Check Item T26, page 64

STATEMENT G

Now I have a few questions about the number of children, if any, that have been born to ...

1. How many children, IF ANY, is ... the father of?

(If previously married, include all children born in previous and current marriages. Do not count adopted, foster, or stepchildren.)

8752

Number

x3 ☐ None

x1 ☐ Don't Know

SKIP to Check Item T26, page 64

2a. How many children, if any, has ... ever had? (Do not count stillbirths, adopted, foster, or stepchildren.)

8754

Number

x3 ☐ None — SKIP to Check Item T26, page 64

CHECK ITEM T19

Refer to cc item 24.
Is ... 65 years of age or older?

8756

- 1 ☐ Yes — SKIP to Check Item T26, page 64
2 ☐ No

2b. Are all of ...'s children currently living in this household?

8758

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T21

CHECK ITEM T20

Refer to cc item 24.

Verify the birth date of ...'s first born and last child born (if more than one child ever born) and enter the person number of the child(ren).

Note: If only 1 child born, use the boxes for first child. Use the last child boxes only when there are 2 or more children.

First child

8760

Month

Year

Child's number

Last child

8766

Month

Year

Child's number

SKIP to Check Item T26, page 64

CHECK ITEM T21

Refer to item 2a.
How many children has ... ever had?

8778

- 1 ☐ One child — SKIP to 4a
2 ☐ 2+ children

3a. When was ...'s last child born?

8780

Month

x1 ☐ Don't know

8782

1

9

Year

x1 ☐ Don't know

CHECK ITEM T22

Refer to item 3a.
Was ...'s last child born on or after January 1, 1970?

8784

- 1 ☐ Yes
2 ☐ No — SKIP to 4a

ASK OR VERIFY —

3b. With whom does the child live now?

8786

- 1 ☐ Resides in this household — Go to Check Item T23

Resides elsewhere

- 2 ☐ In his/her own household

With relatives

- 3 ☐ With own father
4 ☐ With own grandparent(s)
5 ☐ With adoptive parent(s)
6 ☐ With other relative(s)

With nonrelatives

- 7 ☐ In foster care/foster family
8 ☐ In an institution (hospital)
9 ☐ In school
10 ☐ In correctional facility
11 ☐ Other
12 ☐ Deceased
13 ☐ DK

SKIP to 4a

CHECK ITEM T23

Write the person number of the last child.

8788

Person number of last child

Section 5 — TOPICAL MODULES (Continued)

Part E — FERTILITY HISTORY (Continued)

4a. When was . . . 's first child born?

8792 Month x1 ☐ Don't know

8794 1 9 Year x1 ☐ Don't know

**CHECK
ITEM T24**

Refer to item 4a.
Was . . . 's first child born on
or after January 1, 1970?

8796 1 ☐ Yes
2 ☐ No — SKIP to Check Item T26, page 64

ASK OR VERIFY —
4b. With whom does the child live now?

8798 1 ☐ **Resides in this household** — Go to Check Item T25
Resides elsewhere
 2 ☐ In his/her own household
With relatives
 3 ☐ With own father
 4 ☐ With own grandparent(s)
 5 ☐ With adoptive parent(s)
 6 ☐ With other relative(s)
With nonrelatives
 7 ☐ In foster care/foster family
 8 ☐ In an institution (hospital)
 9 ☐ In school
 10 ☐ In correctional facility
 11 ☐ Other
 12 ☐ Deceased
 13 ☐ DK
} SKIP to Check Item T26, page 64

**CHECK
ITEM T25**

Write the person number of
the first child.

8800 Person number of first child

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part F — HOUSEHOLD RELATIONSHIPS

**CHECK
ITEM T26**

What is the composition
of this household?

9266

- 1 ☐ One person HH
2 ☐ Two person HH consisting of husband and wife
3 ☐ Two person HH consisting of non-relatives
4 ☐ Other

} **SKIP to
Check
Item C1,
page 67**

**CHECK
ITEM T27**

Is this the Reference Person's
questionnaire?

9268

- 1 ☐ Yes
2 ☐ No — **SKIP to Check Item C1, page 67**

Pretranscribe each person's name and person number into column headings a—n; list names and person numbers in the **SAME ORDER** in the roster down the left side of this page.

AT TIME OF INTERVIEW

Verify the Roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in Roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) Roster space and column.

STATEMENT H

Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate.

For each person number listed on the left side of this page, ask question 1 and enter codes from Flashcard HH.

ASK OR VERIFY —

1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a—n)?

ROSTER

	Name	Name	Name	Name	Name	Name
9272	a.	9274	b.	9276	c.	9278
9280	d.	9282	e.	9284	f.	
Person No.		Person No.		Person No.		Person No.
9300	Name					
Person No.						
9330	Name	9332				
Person No.						
9360	Name	9362	9364			
Person No.						
9390	Name	9392	9394	9396		
Person No.						
9420	Name	9422	9424	9426	9428	
Person No.						
9450	Name	9452	9454	9456	9458	9460
Person No.						
9480	Name	9482	9484	9486	9488	9490
Person No.						
9510	Name	9512	9514	9516	9518	9520
Person No.						
9540	Name	9542	9544	9546	9548	9550
Person No.						
9570	Name	9572	9574	9576	9578	9580
Person No.						
9600	Name	9602	9604	9606	9608	9610
Person No.						
9630	Name	9632	9634	9636	9638	9640
Person No.						
9660	Name	9662	9664	9666	9668	9670
Person No.						
9690	Name	9692	9694	9696	9698	9700
Person No.						

GO to Check Item C1, page 67

Part F — HOUSEHOLD RELATIONSHIPS (Continued)[illegible]